

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER  
Pechanga Band of Luiseno Indians

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

(909) 676-2768

498071

STREET ADDRESS

CITY

STATE

ZIP CODE

Temecula

CA

92593

Date of  
This Filing 01/25/2008

Report No. LCM-80125

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

Date Stamp

RECEIVED AND FILED  
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of the State of California

JAN 25 2008

DEBRA BOWEN  
Secretary of State

CALIFORNIA  
FORM 497

For Official Use Only

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

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NAME OF FILER  
Pechanga Band of Luiseno Indians

AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)  
498071

STREET ADDRESS

CITY STATE ZIP CODE

Date of This Filing \_\_\_\_\_

Report No. \_\_\_\_\_

☐ Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages \_\_\_\_\_

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JAN 25 2008

DEBRA BOWEN  
Secretary of State

2 / 2

CALIFORNIA FORM 497  
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## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008 	California Democratic Party  Los Angeles CA 90067 ID: 741666	Ballot: Dist:	25000.00	02/05/2008
01/25/2008 	California Republican Party  Sacramento CA 95814 ID: 810163	Ballot: Dist:	25000.00	02/05/2008
01/24/2008 	Coalition to Protect California's Budget & Economy  Sacramento CA 95814 ID: 1300585 Ref: <input type="checkbox"/>	Statewide 94 95 96 97 Ballot: Dist:	5999.80	02/05/2008
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER  
UNITED FOOD AND COMMERCIAL WORKERS ISSUE EDUCATION FUND

AREA CODE/PHONE NUMBER  
(714) 870-5580

ID. NUMBER (if applicable)  
971911

STREET ADDRESS

CITY  
BUENA PARK

STATE  
CA ZIP CODE  
90620

Date of  
This Filing 1/25/2008

Report No. 3

☐ Amendment  
to Report No. 000  
(explain below)

No. of Pages 3

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JAN 25 2008

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Secretary of State

Page 1 of 3

CALIFORNIA  
FORM 497

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## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497 (June 01)  
FPPC Toll-Free Helpline: 888/ASK-FPPC



# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER UNITED FOOD AND COMMERCIAL WORKERS ISSUE EDUCATION FUND	
AREA CODE/PHONE NUMBER (714) 670-5580	I.D. NUMBER (if applicable) 971911
STREET ADDRESS	
CITY BUENA PARK	STATE CA ZIP CODE 90620

Date of This Filing 1/25/2008
Report No. 3
<input type="checkbox"/> Amendment to Report No. 000 (explain below)
No. of Pages 3

RECEIVED AND FILED in the office of the Secretary of the State of California JAN 25 2008 DEBRA BOWEN Secretary of State Page 2 of 3		LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
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## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/25/2008	Californians Against Unfair Deals, No on 94, 95, 96 & 97	Amendment To Indian Gaming Compact Number: Memo Jurisdiction: State	\$5,000.00	2/5/2008
	Memo Reference: 1			

Reason for Amendment:

FPPC Form 497 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

md

94, 95, 96, 97

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# Late Contribution Report

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JAN 25 2008

LATE CONTRIBUTION REPORT

NAME OF FILER Morongo Band of Mission Indians Native American Rights Fund		Date of This Filing 01/25/2008	<b>DEBRA GOWEN</b> Secretary of State LA & SF Riverside	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (951) 849-1251	I.D. NUMBER (if applicable) 494203	Report No. 2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Banning, CA 92220	STATE ZIP CODE	No. of Pages 1		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008	Coalition to Protect California's Budget & Economy, Yes on 94 - 97 (#1300585)  Santa Monica, CA 90401	Proposition 94 through 97 - Referendum on Amendment to Indian Gaming Compact	4,000,000.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

352400 = SST

MD

94, 95, 96, 97

# Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Pala Band of Mission Indians and affiliated entity Pala Casino		Date of This Filing 01/25/2008	RECEIVED AND FILED in the office of the Secretary of the State of California JAN 25 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 443-6911	I.D. NUMBER (if applicable) 1242839	Report No. 162401-10		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Pala, CA	STATE CA	ZIP CODE 92059	No. of Pages 1	

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Tribes for Fair Play, No on 54, 95, 96, & 97 (#1300196)  Sacramento, CA 95814	Tribes for Fair Play No on 94, 95, 96, 97	2,000,000.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

MD

Props 94, 95, 96, 97

# Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER United Auburn Indian Community of the Auburn Rancheria		Date of This Filing 01/25/2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of the State of California JAN 25 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (916) 244-8550	I.D. NUMBER (if applicable) 1246083	Report No. 155003-14		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Rocklin, CA	STATE CA	ZIP CODE 95765		
		No. of Pages 1		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF CONTRIBUTOR ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008	Tribes for Fair Play (#1300196)  Sacramento, CA 95814		1,000,000.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

PA



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Prop 94, 95, 96, 97

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> United Auburn Indian Community of the Auburn Rancheria		<b>Date of This Filing</b> 01/25/2008	<b>RECEIVED AND FILED</b> Office of the Secretary of the State of California JAN 25 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916) 244-8550	<b>ID. NUMBER (if applicable)</b> 1246083	<b>Report No.</b> 153003-13		
<b>STREET ADDRESS</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
<b>CITY</b> Rocklin, CA	<b>STATE</b> CA	<b>ZIP CODE</b> 95765		
		<b>No. of Pages</b> 1		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF CONTRIBUTEE ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Californians Against Unfair Deals; No on 94, 95, 96, 97 (#1300272)  Sacramento, CA 95814 In-Kind for Radio Advertising	Californians Against Unfair Deals; No on 94, 95, 96, 97	24,000.00	02/05/2006
01/24/2008	Tribes for Fair Play (#1300196)  Sacramento, CA 95814		1,500,000.00	02/05/2006

Reason for Amendment: \_\_\_\_\_  
\_\_\_\_\_

*[Handwritten signature]*



MD

94, 95, 96, 97

# Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Bay Meadows Land Co. & its Affiliated Entities, including Hollywood Park Land Co., and Stockbridge Real Estate Fund, LP		Date of This Filing 01/25/2008	Date Stamp <b>RECEIVED AND FILED</b> in the office of the Secretary of State of California JAN 25 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1261770	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Francisco, CA	STATE CA	ZIP CODE 94111		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008	Californians Against Unfair Deals (#1300272)  Sacramento, CA 95814 (made by Stockbridge Real Estate Fund, LP)	Measure 94, 95, 96, 97  Statewide	416,500.00	02/05/2008
01/25/2008	Californians Against Unfair Deals (#1300272)  Sacramento, CA 95814 (made by Stockbridge Real Estate Fund, LP)	Measure 94, 95, 96, 97  Statewide	740,775.00	02/05/2008
01/25/2008	Californians Against Unfair Deals (#1300272)  Sacramento, CA 95814 (made by Stockbridge Real Estate Fund, LP)	Measure 94, 95, 96, 97  Statewide	592,725.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

01-25-08 03:22pm From-PILLSBURY WINTHROP SHAW PILLMAN LLP 8164413583 1-655 P 002/002 1-1/84

PROP

Props 94, 95, 96, 97

1/2

## Late Contribution Report

Type or print in ink.  
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LATE CONTRIBUTION REPORT

NAME OF FILER Tribes for Fair Play, No on 94, 95, 96, and 97		Date of This Filing 01/25/2008	<b>RECEIVED AND FILED</b> Office of the Secretary of State of the State of California JAN 25 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 916-442-7757	ID. NUMBER (if applicable) 1300196	Report No. 193301-11		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA 95814	STATE CA	ZIP CODE 95814	No. of Pages 2	

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Californians Against Unfair Deals, No on 94, 95, 96, 97 (#1300272)  Sacramento, CA 95814	Californians Against Unfair Deals, No on 94, 95, 96, 97 Statewide	1,000,000.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

Prop

Trops 94, 95, 96, 97

2/2

# Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Tribes for Fair Play, No on 94, 95, 96, and 97		Date of This Filing <u>01/25/2008</u> in the Office of the Secretary of State of the State of California	<b>RECEIVED AND FILED</b> JAN 25 2008 DEBRA BOWEN Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 916-442-7757	ID. NUMBER (if applicable) 1300156	Report No. <u>191101-11</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA 95814	STATE CA	ZIP CODE 95814	No. of Pages <u>2</u>	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/24/2008	Pala Band of Mission Indians  Pala, CA 92059	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000,000.00  <input type="checkbox"/> Check if Loan
01/24/2008	United Auburn Indian Community of the Auburn Rancheria  Rocklin, CA 95765	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500,000.00  <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan

### \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_